

Rev. 12/15

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NORTH DAKOTA

IN RE: Blake Fitzgerald

Debtor(s)

Bankruptcy No: 16-30351  
Chapter: 13

AMENDMENT COVER SHEET

Schedules and Statements Amended (check all that apply):

- ☐ Voluntary Petition (describe change) \_\_\_\_\_
- ☒ Summary of Assets and Liabilities and Certain Statistical Information
- ☐ Schedule A/B – Property
- ☐ Schedule C – The Property You Claim as Exempt
- ☐ Schedule D – Creditors Who Hold Claims Secured By Property
- ☐ Schedule E/F – Creditors Who Have Unsecured Claims
- ☐ Schedule G – Executory Contracts and Unexpired Leases
- ☐ Schedule H – Codebtors
- ☒ Schedule I – Your Income
- ☒ Schedule J – Your Expenses
- ☐ Declaration Concerning Schedules
- ☐ Statement of Financial Affairs
- ☐ Attorney's Disclosure of Compensation
- ☐ Statement of Intention for Individuals Filing Under Chapter 7
- ☐ Statement of Current Monthly Income
- ☐ Other \_\_\_\_\_

If amending schedules D or E/F, the amendment is to:

- ☐ Add new creditor(s) (Notice to Creditor(s) of Amended Schedule(s) must be served and filed)
- ☐ Correct or delete information

Describe changes made:

(Examples: Added or Reclassified Creditor "X"; Add or modified exempt property "X")

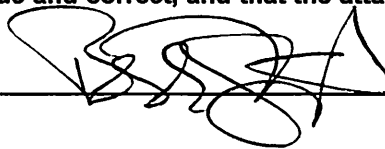
update monthly expenses

DECLARATION

I certify under penalty of perjury that the foregoing is true and correct, and that the attached amendments are true and correct.

DATED: 8-15-17

Signature



Debtor1

Debtor2

Fill in this information to identify your case:

Debtor 1	<b>Blake</b>		<b>Fitzgerald</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>DISTRICT OF NORTH DAKOTA</b>			
Case number (if known)	<b>16-30351</b>		

☒ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

Your assets  
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	<b>\$0.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	<b>\$39,206.25</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	<b>\$39,206.25</b>

#### Part 2: Summarize Your Liabilities

Your liabilities  
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	<b>\$47,764.41</b>
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3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	<b>\$2,001.00</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	<b>+</b> <b>\$87,728.48</b>

Your total liabilities

**\$137,493.89**

#### Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	<b>\$6,127.50</b>
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5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	<b>\$5,637.00</b>
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Debtor 1 **Blake Fitzgerald**

Case number (if known) **16-30351**

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes

**7. What kind of debt do you have?**

- ☒ Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

**\$7,786.14**

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

**Total claim**

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations. (Copy line 6a.)	<u>\$1.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$2,000.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$1,848.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	<b><u>\$3,849.00</u></b>

Fill in this information to identify your case:

Debtor 1	<b>Blake</b>		<b>Fitzgerald</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>DISTRICT OF NORTH DAKOTA</b>		
Case number (if known)	<b>16-30351</b>		

Check if this is:

☒ An amended filing

**Official Form 106I**

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<b>Sales Consultant</b>	
Employer's name	<b>Independent Contractor</b>	
Employer's address	<b>508 19th Ave W, Unit F</b> Number Street	Number Street
	<b>West Fargo</b> <b>ND</b> <b>58078</b> City State Zip Code	City State Zip Code
How long employed there?	<b>2 Months</b>	

**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <b>\$7,500.00</b>	
3. Estimate and list monthly overtime pay.	3. + <b>\$0.00</b>	
4. Calculate gross income. Add line 2 + line 3.	4. <b>\$7,500.00</b>	

Debtor 1 **Blake Fitzgerald**

Case number (if known) **16-30351**

For Debtor 1

For Debtor 2 or  
non-filing spouse

Copy line 4 here .....		→ 4.	<b>\$7,500.00</b>	
<b>5. List all payroll deductions:</b>				
5a. Tax, Medicare, and Social Security deductions	5a.	<b>\$1,147.50</b>		
5b. Mandatory contributions for retirement plans	5b.	<b>\$0.00</b>		
5c. Voluntary contributions for retirement plans	5c.	<b>\$0.00</b>		
5d. Required repayments of retirement fund loans	5d.	<b>\$0.00</b>		
5e. Insurance	5e.	<b>\$0.00</b>		
5f. Domestic support obligations	5f.	<b>\$550.00</b>		
5g. Union dues	5g.	<b>\$0.00</b>		
5h. Other deductions. Specify: _____	5h. +	<b>\$0.00</b>		
<b>6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.</b>		6.	<b>\$1,697.50</b>	
<b>7. Calculate total monthly take-home pay. Subtract line 6 from line 4.</b>		7.	<b>\$5,802.50</b>	
<b>8. List all other income regularly received:</b>				
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	<b>\$0.00</b>		
8b. Interest and dividends	8b.	<b>\$0.00</b>		
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	<b>\$0.00</b>		
8d. Unemployment compensation	8d.	<b>\$0.00</b>		
8e. Social Security	8e.	<b>\$0.00</b>		
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	<b>\$0.00</b>		
8g. Pension or retirement income	8g.	<b>\$0.00</b>		
8h. Other monthly income. Specify: _____	8h. +	<b>\$0.00</b>		
<b>9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.</b>		9.	<b>\$0.00</b>	
<b>10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.</b>		10.	<b>\$5,802.50</b> +	<b>\$5,802.50</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.</b>				
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.				
Specify: <b>Mothers Payment for Accord</b>		11. +	<b>\$325.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.</b>		12.		<b>\$6,127.50</b>
				<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>				
<input checked="" type="checkbox"/> No. <b>None.</b>				
<input type="checkbox"/> Yes. Explain: _____				

Fill in this information to identify your case:

Debtor 1	<u>Blake</u>		<u>Fitzgerald</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF NORTH DAKOTA</u>		
Case number (if known)	<u>16-30351</u>		

Check if this is:  
☒ An amended filing

Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

- ☒ No. Go to line 2.  
☐ Yes. Does Debtor 2 live in a separate household?  
☐ No  
☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Son</u>	<u>10</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<u>Son</u>	<u>5</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<u>Son</u>	<u>2</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?  
☒ No  
☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

	Your expenses
4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4:	4. <u>\$1,595.00</u>
4a. Real estate taxes	4a. _____
4b. Property, homeowner's, or renter's insurance	4b. _____
4c. Home maintenance, repair, and upkeep expenses	4c. <u>\$25.00</u>
4d. Homeowner's association or condominium dues	4d. _____

Debtor 1 **Blake Fitzgerald**

Case number (if known) **16-30351**

**Your expenses**

5. Additional mortgage payments for your residence, such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	_____
6b. Water, sewer, garbage collection	6b.	_____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<b>\$75.00</b>
6d. Other. Specify: <u>Cell Phone</u>	6d.	<b>\$110.00</b>
7. Food and housekeeping supplies	7.	<b>\$418.00</b>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	<b>\$70.00</b>
10. Personal care products and services	10.	<b>\$40.00</b>
11. Medical and dental expenses (See continuation sheet(s) for details)	11.	<b>\$260.00</b>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<b>\$250.00</b>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	_____
14. Charitable contributions and religious donations	14.	_____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	<b>\$277.00</b>
15c. Vehicle insurance	15c.	<b>\$65.00</b>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 <b>Honda Accord Payment</b>	17a.	<b>\$325.00</b>
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). <b>Child support</b>	18.	<b>\$2,127.00</b>
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____

Debtor 1 **Blake Fitzgerald**

Case number (if known) **16-30351**

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____

21. Other. Specify: \_\_\_\_\_ 21. + \_\_\_\_\_

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.	22a.	<b>\$5,637.00</b>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.	_____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	<b>\$5,637.00</b>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	<b>\$6,127.50</b>
23b. Copy your monthly expenses from line 22c above.	23b.	<b>-\$5,637.00</b>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	<b>\$490.50</b>

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

None.



Debtor 1 Blake Fitzgerald

Case number (if known) 16-30351

11. Medical and dental (details):

Prescriptions

\$60.00

Medical & Dental

\$200.00

Total:

\$260.00

Debtor 1 **Blake Fitzgerald**

Case number (if known) **16-30351**

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

**\$7,786.14**

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations. (Copy line 6a.)	<u>\$1.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$2,000.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$1,848.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<u>+ \$0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	<b><u>\$3,849.00</u></b>

Debtor 1 **Blake Fitzgerald**

Case number (if known) **16-30351**

**Your expenses**

<b>5. Additional mortgage payments for your residence</b> , such as home equity loans	5.	_____
<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a.	_____
6b. Water, sewer, garbage collection	6b.	_____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<b>\$75.00</b>
6d. Other. Specify: <b>Cell Phone</b>	6d.	<b>\$110.00</b>
<b>7. Food and housekeeping supplies</b>	7.	<b>\$631.00</b>
<b>8. Childcare and children's education costs</b>	8.	_____
<b>9. Clothing, laundry, and dry cleaning</b>	9.	<b>\$89.00</b>
<b>10. Personal care products and services</b>	10.	<b>\$64.00</b>
<b>11. Medical and dental expenses</b> (See continuation sheet(s) for details)	11.	<b>\$260.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<b>\$250.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	<b>\$100.00</b>
<b>14. Charitable contributions and religious donations</b>	14.	_____
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	<b>\$750.00</b>
15c. Vehicle insurance	15c.	<b>\$250.00</b>
15d. Other insurance. Specify: _____	15d.	_____
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1 <b>Honda Accord Payment</b>	17a.	<b>\$325.00</b>
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18.	_____
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	19.	_____

Debtor 1 Blake Fitzgerald

Case number (if known) 16-30351

11. Medical and dental (details):

Prescriptions	\$60.00
Medical & Dental	\$200.00
Total:	<div><div>\$260.00</div></div>